

## REGISTRATION FORM for the ELECTRONIC CASE FILING SYSTEM

Print
Reset Form

Last Name: JEFFERIES				First:	TREVOR	Mi	ddle:	R.
Attorney Bar # and State: 00790963 - 1		00790963 - TX		PRO SE APPLICANTS ONLY: Please enter your case nur below so we can activate you to electronically file in your you do not need to fill out Attorney Bar #, State, or Fire				
Firm Name	HOGA	AN & HART	rson llp					
street Addı	ess 1:	700 Loui	siana					
Address Li	ne 2:	Suite 430	00					
City: Hou	ty: Houston		State: Tex		xas	Zip:	770	02
elephone	Number:		713-632-1415	5	Case #:  (PRO SE APPLIC	ANTS ONLY)		
Internet E-mail Address: trjefferies@hhlaw.com					Back-up	E-mail Address	:	
oes your e-	mail softv	vare supp	ort HTML messag	es?		▼ Yes		No
submitting	this registra	tion form, t	he undersigned und	erstands an	d agrees to the follo	wing:		
1. The CM/E	CF system is t	o be used fo	or filing and reviewing e	lectronic dod	cuments, docket sheets,	, and notices.		
					rves as your signature u gainst unauthorized use		Civil Pro	ocedure 11.
			hat your password has staff will assess the risk		omised in any way, you ou accordingly.	are responsible for i	mmedia	tely notifying the
first class mai	pursuant to	Federal Rule			nically, and to waive yo with regard to service			
Electronic Red		system. You	u will continue to need		f Washington's internet in, in addition to the co	-		
					egulations in the most r hat may be made to su			
s/ TREVOR R. JEFFERIES						3/1/1	0	
	Signat	ure (eithe	er sign or use an "s	" and type	e your name)	D	ate Sig	jned
s/ TREVOR  Please return	Signat	ure (eithe	er sign or use an "s, s. District Court District of Washington			<b>D</b>	ate Sig	jned

or fax to: Clerk, U.S. District Court, 206-370-8861

Attn: ECF Attorney Registration

700 Stewart St., Lobby Level

Seattle, WA 98101

1-866-323-9293.